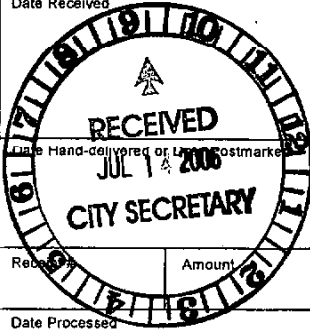


SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 9
3 COMMITTEE NAME 2006 HOUSTON INAUGURAL COMMITTEE		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 131197 Houston TX 77219-1197		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. GORDON NICKNAME LAST SUFFIX QUAN		
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5177 RICHMOND AVENUE Houston TX 77056		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 131197 Houston TX 77219-1197		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 625-9200		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 01 / 06 06 / 30 / 06		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 08 / 05		
GO TO PAGE 2			



SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

**12 COMMITTEE
NAME**

2006 Houston Inaugural Committee

ACCOUNT #
(Ethics Commission filers)

**13 COMMITTEE
PURPOSE**

 (Attach lists on plain
paper to complete this
report if necessary.)

☐ **SUPPORT**
(Candidate or Measure)

☐ **OPPOSE**
(Candidate or Measure)

☒ **ASSIST**
(Officeholder)

☐ **CANDIDATE**
☒ **OFFICEHOLDER**
☐ **MEASURE**
CANDIDATE / OFFICEHOLDER NAME

SEE ATTACHED

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
BALLOT IDENTIFICATION / #
ELECTION DATE
Month Day Year
/ /

DESCRIPTION
**14 CONTRIBUTION
TOTALS**
**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED**

\$

**2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)**

\$

45,500.00

**EXPENDITURE
TOTALS**
3. TOTAL POLITICAL EXPENDITURES OF \$60 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

65,297.10

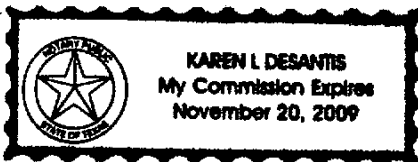
**CONTRIBUTION
BALANCE**
**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF THE REPORTING PERIOD**

\$

31,552.19

**OUTSTANDING
LOAN TOTALS**
**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD**

\$

15 AFFIDAVIT


AFFIX NOTARY STAMP / SEAL ABOVE

 I swear, or affirm, under penalty of perjury, that the accompanying
report is true and correct and includes all information required to be
reported by me under Title 15, Election Code.

Signature of campaign treasurer

 Sworn to and subscribed before me, by the said GORDON QUAN, this the 13th day
of July 2006, to certify which, witness my hand and seal of office.

Signature of officer administering oath

KAREN L. DESANTIS

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: <i>1 of 3</i>	
2 FILER NAME <i>2006 Houston Inaugural Committee</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1-5-06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>VASANT HARIANI</i> 6 Contributor address; City; State; Zip Code <i>[REDACTED]</i>	7 Amount of contribution (\$) <i>2500⁰⁰</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>1-5-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ANDREWS KURTH LLP</i> Contributor address; City; State; Zip Code <i>[REDACTED]</i>	Amount of contribution (\$) <i>2500⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1-5-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>VINSON & ELKINS LLP</i> Contributor address; City; State; Zip Code <i>[REDACTED]</i>	Amount of contribution (\$) <i>2500⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1-5-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>TEXAS WESTON PCL</i> Contributor address; City; State; Zip Code <i>[REDACTED]</i>	Amount of contribution (\$) <i>5000⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1-5-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>HOUSTON POLICE OFFICERS UNION PAC Account</i> Contributor address; City; State; Zip Code <i>[REDACTED]</i>	Amount of contribution (\$) <i>3500⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 2 of 3	
2 FILER NAME 2006 Houston Inaugural Comm. TTEE		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-5-06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WINSTEAD SECHREST + MINICK 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 10,000 ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-10-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: S. Lynn MAYS Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-10-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN SPARKS Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-13-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: INTERNATIONAL BANK of COMMERCE PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1000 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-30-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CENTERPOINT ENERGY INC PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 10,000 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 3 of 3	
2 FILER NAME 2006 Houston Inaugural Committee		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2-15-06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CDM PAC 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 5000⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-26-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HALLIBURTON COMPANY PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 2500⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1013

2 FILER NAME

2006 Houston Inaugural Committee

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-5-06

5 Payee name

Alpha-Lee Enterprises, Inc.

6 Payee address; City; State; Zip Code

4111 FM 2351 Friendswood, TX 77546

7 Amount (\$)

5000⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

Fireworks Display

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1-5-06

Payee name

BETTE JOHN

Payee address; City; State; Zip Code

15599 MEMORIAL DR Houston TX 77079

Amount (\$)

310.50

Purpose of payment (See instructions regarding type of information required.)

Contract labor

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1-6-06

Payee name

NEW BIRTH BRASS BAND

Payee address; City; State; Zip Code

20040 FM 1485 APT 140 New Caney TX 77357

Amount (\$)

1000⁰⁰

Purpose of payment (See instructions regarding type of information required.)

INAUGURAL CEREMONY ENTERTAINMENT

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1-6-06

Payee name

UNITED FREIGHT & LOGISTICS

Payee address; City; State; Zip Code

10100 EAST Freeway SUITE 223 JACINTO CITY TX 77629

Amount (\$)

12.96

Purpose of payment (See instructions regarding type of information required.)

delivery service

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2 of 3
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date 1-11-06	5 Payee name Houston Parks Board 6 Payee address; City; State; Zip Code 901 Bagby, 4th Floor Houston TX 77002	7 Amount (\$) \$ 20,000.00
8 Purpose of payment (See instructions regarding type of information required.) INAUGURAL STAGING		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 1-19-06	Payee name THE EVENTS Company Payee address; City; State; Zip Code 7310 OLD KATY RD Houston TX 77024	Amount (\$) 36,347.64
Purpose of payment (See instructions regarding type of information required.) INAUGURAL Dinner Food + Beverage		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 1-19-06	Payee name BETTE JOHN Payee address; City; State; Zip Code 15599 Memorial Dr Houston TX 77079	Amount (\$) 351.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 1-24-06	Payee name Tim Johnson Payee address; City; State; Zip Code 1005 OXFORD Houston TX 77008	Amount (\$) 415.00
Purpose of payment (See instructions regarding type of information required.) INAUGURAL PHOTOGRAPHER		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3-1-3

2 FILER NAME

2006 Houston IN AUGURAL COMMITTEE

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-7-06

5 Payee name

QUANAH PRODUCTIONS INC

6 Payee address; City; State; Zip Code

3102 Heathersten Montgomery TX 77356

7 Amount (\$)

1570⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

VIDEOGRAPHER

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

2-14-06

Payee name

QUANAH PRODUCTIONS

Payee address; City; State; Zip Code

3102 Heathersten Montgomery TX 77356

Amount (\$)

290⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Duplicate DVDs for council members

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Question 13: To pay for expenses associated with the Swearing-In and Inaugural Activities for:

Mayor Bill White

Controller Annise Parker

Council Members:

Toni Lawrence

Jarvis Johnson

Anne Clutterbuck

Ada Edwards

Addie Wiseman

M. J. Khan

Pam Holm

Adrian Garcia

Carol Alvarado

Peter Brown

Sue Lovell

Shelly Sekula-Gibbs

Ron Green

Michael Berry